Grant Recipient:

City: **State**:   **Zip**:

Check one:
Nonprofit organization_____   Unit of county government_____
Unit of state government_____   Unit of municipal government_____
Unit of regional government___   Unit of tribal government_____

District of the United States House of Representatives that the grant recipient's business address is located:

Legislative district the recipient's business address is located within:

Project Discipline:
Select the number that best describes the activities of the project._____
1 dance   6 design arts   11 interdisciplinary (integration of art forms)
2 music   7 crafts   12 folk arts (traditions informally learned)
3 opera/music theatre   8 photography   13 humanities (art history, criticism, aesthetics)
4 theatre   9 media arts   14 multidisciplinary (more than one discipline)
5 visual arts   10 literature

Integration:
An aspect of our funded program included integration of one or more art discipline with a non-arts subject.
(i.e. development of a curriculum integrating visual art and history or training teachers to integrate dance and science in their classrooms) _____yes _____no

Type of Activity:
Select one code that best describes most activities of the project._____
12 arts instruction   28 professional development (teacher training)
19 research/planning (including evaluation)   30 student assessment (not program evaluation)
31 curriculum development/implementation

Arts Education:
Circle the letter that applies:
50% or more of this project's activities are arts education directed to:
A K-12 students   C pre-kindergarten children
B higher education students   D adult learners (i.e. teachers, parents, artists)

Individuals Benefiting:
➢ number of youth under 18 benefiting _____
➢ educators benefiting_____   teachers trained in Arts EALRs_____
➢ artists directly involved in providing services for this project (include artists paid to perform or teach and living artists whose work may be shown even if not being paid)_____
➢ artists benefiting as audience (include, for instance, artists taking workshops)
➢ all others benefiting (parents and community members attending student performances or other events that are part of the project)_____
TOTAL of benefiting categories (total of above; please do not double count teachers if there is an overlap between teachers benfiting generally and teachers trained in Arts EALRs)_____

Number of events associated with this project_____ (include each consortium planning meeting; every artist workshop, performance, and museum visit; each teacher in-service, every curriculum development meeting; every training for local artists; etc.)

Grantee Race:
The grant recipient (school, district, organization) racial composition (of students, staff, board, or membership) is: _____

N: 50% or more Native American or Alaskan American
A: 50% or more Asian American or Pacific Islander
B: 50% of more Black
H: 50% or more Hispanic
W: 50% or more White, not Hispanic
G: General (50% or more is not of an single racial group)

Project Race:
If the project clearly emphasizes the traditions or culture of one particular race identify by a code above (i.e. N for Native American, W for White, etc.): _____

If the project is not clearly reflective of a single group write G for general:_____

Finances:

Grant amount originally requested in application:_____

Grant amount awarded:_____

Grant amount spent:_____

Expenses:_____ (total amount of cash expended on project to include this grant, other government grants like the NEA or your city arts commission; foundation, corporate and other private funding; admissions, registration fees, and other earned income like a school car wash; all cash applicant and consortia partners have devoted to this project)

Income:_____ (total as described above but may be higher than expenses if cash remains for future projects)

In-kind contributions:_____(the estimated dollar value of services and materials contributed to support the project; may not include any cash contributions; i.e. volunteer time, art supplies donated, printing services donated)

Name of person completing this report_____

Phone number: e-mail address:

Thank you for completing this form and providing the information necessary for the state and federal government reports! **This form is only one part of your consortium final report.** A narrative answering the questions listed at www.arts.wa .gov/progAIE/aieCCrec1.html and final expenditures are required.